

EXHIBIT W



**HFHS-EMPLOYEE ASSISTANCE PROGRAM
FORMAL/DISCIPLINARY ACTION REFERRAL**

Employee Name: Monica Rogers

Date: July 20, 2010

Employee Job Title/Department: Consultant, OHRD Job is in jeopardy: ☒ Yes ☐ No

Manager/Supervisor/HR Name: Monica Jackson-Lewis Phone: 313 874-7186

Please write the reason(s) why employee is being referred for EAP services:

Monica is being sent to EAP to assist her in gaining self awareness of her workplace behaviors that are disruptive to the team and has a negative impact on the functioning of the department. She continues to challenge my authority to make decisions during staff meeting in the presence of other team members in a way that is not perceived as constructive but rather is perceived as overly persistent and sometimes antagonistic. This behavior results in disengaging the team and makes it impossible to address all scheduled agenda items which significantly decrease the effectiveness of the team meetings and employee moral. When I make attempts to have one-on-one discussions regarding an issue with her behavior, or a decision that has been made, she shut-down by saying "whatever you want, it's your call, you're the boss." She appears to focus primarily on what other employees are doing, or not doing, rather than focusing on what is expected of her. There is a persistent trend as reported by other employees, that Monica initiates harmful gossip and tries to incite other employees to engage in similar negativity. Monica appears to lack total self awareness of these behaviors even when provided with documented evidence and assumes a victim mentality resulting in obvious anger (loud and fist pounding) or withdrawn. Based on her bringing up issues from years in the past there appears to be some deep rooted problems that contributes to her current behavior. Because of these behavior swings we are concerned about her emotional and physical well-being and that of the team.

What type of referral is this?

☐ **Formal**

Manager/Supervisor/HR requires that employee be seen by EAP regarding the above stated problem/concern. No disciplinary action taken at this point.

☒ **Disciplinary Action**

Manager/Supervisor/HR requires that employee be seen by EAP regarding the above stated problem/concern as part of the disciplinary process. Future disciplinary actions may occur.

1. How many work hours per week have been affected by the above problem/concern?
☐ 1-5 Hours ☐ 6-12 Hours ☐ 12-24 Hours ☐ 24-36 Hours ☐ >36 Hours
2. How much supervisory time has been spent addressing this problem/concern?
☐ 1-5 Hours ☐ 6-12 Hours ☐ 12-24 Hours ☐ 24-36 Hours ☐ >36 Hours
3. How many work hours would you estimate this problem/concern has affected other staff member productivity?
☐ 1-5 Hours ☐ 6-12 Hours ☐ 12-24 Hours ☐ 24-36 Hours ☐ >36 Hours
4. To what degree has this problem/concern affected customer service in your department?
☐ Marginally ☐ Somewhat ☐ Significantly ☐ Profoundly



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5. How long has this problem/concern existed?
☐ 1-6 days ☐ 1-3 weeks ☐ 1-3 months ☐ 3-6 months ☐ >6 months
6. What measures have been initiated to address this problem/concern?
☐ Training ☒ Verbal Warning ☒ Written Warning ☐ Suspension
7. Have you referred other employees for EAP services?
☐ Yes ☒ No
8. Has this employee ever been referred to EAP for other problems/concerns?
☐ Yes ☒ No